Financial Policy

Be sure to bring these items with you to each visit, as we will not be able to see you without them:

- Valid driver's license or state issued ID
- Valid Insurance Card(s)
- Payment (cash, check, or credit card)
- Test results, x-rays and any other materials, if asked to provide those

Payments

- At the time of your visit, you are responsible to pay any deductible, copayment, coinsurance, or outstanding balance as specified by your insurance company.
- If you are not covered by a health insurance policy or are covered by one with whom we do not participate, you will be required to follow our self-payment policy. This policy requires all new patients to pay a deposit of $150 at the first office visit and $105 at all subsequent office visits at the time of check in. This is only a deposit and you are expected to pay any balance due over the deposit at the end of the visit. We apply our self-pay discount to all visits paid in this manner.
- Surgery fees, including co-insurance will be collected in full three business days prior to the surgery date.
- Any medical services not covered by your insurance company must be paid in full at the time of visit.
- Refraction fees for glasses and contact lenses will be collected prior to dispensing the refraction.
- You need to be sure that any needed referrals and authorizations for treatment are provided to us before the visit. Your visit may be rescheduled, or you may have to pay the full amount for services, if you do not provide the needed referral or authorization.
- If your visit is due to a work-related injury, the front desk must be notified when you check-in. We also request you have your worker's compensation claim number, the date of injury, and the name of the Managed Care Group that will be handling your claim available at check-in. You will be asked to present a copy of your health insurance card for your records, or follow the self-payment policy above. If your claim is denied, you or your health insurance will be billed.
- Payment can be made with cash, check, or credit card. Visa, Mastercard, and Discover are accepted at our office. There is a $37.50 fee for any check returned by the bank for any reason. If you have any questions or concerns, please contact the billing customer service phone number provided below.

Contact Lens Evaluation Fee

- In order to have a valid contact lens prescription, it is necessary for the doctors to evaluate the fit of the contact lenses and the health of the corneas and tear film each year.
- This evaluation is not included in a Well Vision Exam. Some Vision Insurances cover a portion of this fee. Our opticians understand the specific coverage for different plans and any overages that may occur.

Care of Children

- In the event of a divorce, both parents will be considered equally responsible for payment. It will be up to the parent(s) to resolve divorce decree differences.
- With few exceptions, non-emergent treatment will be denied for any child unless the parent or guardian is present. If you cannot attend an appointment with your child, call the office in advance to see arrangements can be made. Payment arrangements must be made prior to the appointment.

Insurance Benefits and Forms

- It is the patient's responsibility to provide correct information concerning insurance or other payor for care.
- Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc contracts with many insurance companies. If you have insurance with one of these companies, our billing offices will submit a claim for payment of services for you unless you instruct us not to. All needed insurance information, including special forms, must be completed by you before you leave your appointment.
- If Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc do not contract with your insurance company, you will be responsible for any balance not paid by your insurance. While our billing offices will file a claim on your behalf to your insurance company, you may be required to pay Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc before receiving services. If payment is received from your insurance company after processing your claim, you will be refunded any extra amount after all charges have been covered.
- If you have any questions about your specific insurance coverage, you need to call your insurance company. Their telephone number should be printed on your insurance card.
- Our staff is happy to help with insurance questions relating to how a claim was filed. We will also provide any additional information your insurance company might need to process your claim.

Care as part of a Clinical Research Study

- Many studies involve routine services that would be done even if you were not part of the study. If a service provided is not considered part of the research study, Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc will bill you or your insurance for that service.
- If you have questions about what services should be paid for by the study, contact your study doctor or coordinator at the number on the study consent form. You are responsible to know what services will be billed to your insurance and what will be paid for by the study and the study coordinator is available to help you with this.

Late Arrival/Cancellation/Missed Appointment Policy

If you arrive more than 15 minutes late to the office, you will be asked to reschedule your appointment. We ask that 24 hour notice be given for all cancellations to allow other patients the opportunity to be treated. Repeated failure to keep your appointment may result in dismissal from the practice.

General Consent for Medical Treatment and Permission to Release Information

I understand that I have the right to make informed decisions about my health care treatment. I agree to have the doctors and staff order and perform tests and treatments they feel are needed for my care. These may include C.T. scan, MRIs, cardiovascular tests, lab tests, vital signs, medicines, and in office tests and scans. I understand treatments or tests that have more risk will be explained to me so I can give informed consent for them if I need them. I know I can ask my doctor any questions I have about my treatment. I understand there are rules I must follow when receiving care. I understand that the doctors and staff will help me know what the rules are. I agree to follow the rules for my safety and for the safety of others.

I understand Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc, and the doctors and staff are not responsible for any of my belongings that I choose to bring to the examination. I agree that I should leave any valuables and belongings I do not need home in a safe place.

I understand Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc takes part in various clinical trials and studies. Any research project undertaken has been approved by a research ethics committee that ensures the

research is of a high standard, is necessary, is ethical, and is done with confidentiality. When a research project that may benefit me is available, I understand I may be contacted and invited to take part. For those certain studies, I understand the research team will use my name and contact information to contact me. When my record is used for research, I know identifiable information will only be released with my written permission.

I affirm that the information given by me concerning my insurance or other payor is correct. I ask my insurance or other payor to make direct payment to Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc for all the services that are covered by my benefits. I understand that I have to pay any unpaid amount for my care that is not covered or is considered out of network by my insurance or other payor. If I do not pay my bills I know I will be sent to collections. I agree I will pay any collection fees and court costs from this process.

If I receive Medicaid or Disability, I agree to have a representative from Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc or a company working for them act on my behalf in dealing with the State Department of Human Services. They may request a hearing or seek information from my file as the need arises. I agree to have information about my care and treatment released to:

- My doctors and other health care providers who provide care to me
- My insurance company and others who pay on my bills for care
- Companies that help collect payment for my care
- Any government agency to which I have applied for aid if I have had treatment for alcohol or drug abuse, psychiatric issues, HIV or AIDS, and that information may also be released.

Notice of Privacy Practices

This consent is required by the Health Insurance Portability and Accountability Act of 1996 to inform you of your rights and responsibilities concerning your health care information.

Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc Notice of Privacy Practices (Notice) document is available at the front desk or on our website at amaEyes.com.

The Notice provides more detailed information about how Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc may use and disclose health information.

I have the right to review the Notice before I sign this consent and Agnone, Morrison, and Associates, Eye Physicians and Surgeons, Inc encourages reading it in full.

Phone Numbers
Billing Inquiries: (937) 553-9330
Appointment or General Information Inquiries: (937) 553-2020

By signing below, I certify I have read the above, and understand this form, or had this form read and explained to me.

Signature _____

Date _____